

Agricultural Business Training Program

2008 Application Form

(See "Confidentiality Statement" on last page)

Indicate which 2008 Course you prefer to attend: _____Fairhaven_____Greenfield

Section I: Applicant Information

Applicant's name: _____

Name of agricultural business (if any): _____

Street address: _____

Mailing address: _____

Telephone: Day _____ Evening _____

Fax: _____ E-mail: _____

1) How did you hear about the program? *(Please also tell us if FSA has asked you to take this course as "Borrower Training")*

2) How long has this ag business been operating, and when/how did you become involved?

3) Have you participated in and/or are you receiving business development services from any other source at this time (such as Farm Viability Program, a CDC program, Farm Credit services, NESFP, NESFI, or an SBDC/SBA program)? If yes, please describe:

4) Is your property protected by a permanent restriction (APR) or temporary restriction (Farm Viability Program)? Indicate by type (Land Trust, State, Federal etc.):

5) Is the farm/ag enterprise your only/main source of income? _____

a) If no, what other sources of income do you have which require a substantial investment of your time and/or resources?

b) What percentage of your annual income do you expect to earn from farm receipts?

6) Who else must be consulted to make significant business decisions (sale/purchase of land, building construction, land use, etc.) related to this enterprise?

Name _____ Relationship to you _____

7) Who in your business, other than yourself, may want to attend course sessions, (on a space-available basis for no extra fee)?

Name _____ Farm Role _____

Section II: Farm Profile

1) Number of years in operation: _____ Type of legal organization: _____

2) Total acres in production: Owned: _____ Leased: _____

3) Approximate production by specific crop (e.g., 2 acres hay, 6 acres vegetable crops, 15 acres bogs, 2500 Maple Taps, 5,000 largemouth bass, Milking 80 etc.):

4) Approximate gross and net annual income (separate by /) from these activities (by category if possible):

5) Describe your business marketing focus (mail order, farmstand retail, wholesale, processing, etc.):

6) Please describe any changes you have made over the last several years (e.g., production, operation, and/or new products/services) **and list any changes you are considering now for this business that you will explore in this course:**

7) Who performs the following functions for your business?

Bookkeeping: _____ Taxes/Financial Statements: _____

8) Do You File IRS Schedule F (or corporate equivalent) ? _____

9) Number of employees: full-time _____ part-time/seasonal _____

other (interns, apprentices, etc.) _____

10) Do you or a family member have and use an on-farm computer? _____ Does it have internet/e-mail access (required for this course)? _____ Does it have a recent version of MS Office or at least Word and Excel? _____ Do you have bookkeeping/accounting software on the computer (type – such as QuickBooks)? _____

11) Are the following historical financial records available?

Farm tax returns	_____
Income/expense ledger	_____
Summary financial statements	_____

Section III: Your Course Goals:

1) What are your key objectives in taking this course?

Please circle a *minimum of three* areas that you would like to focus on within the time frame of the course. Please *rate them in importance from 1 to 3*, with 1 the most important:

- | | |
|--|--|
| • Evaluate current production systems | • Prepare to involve family in decisions |
| • Analyze profit/loss centers, product mix | • Identify risk management points and tools |
| • Develop financial planning skills | • Reevaluate business structure/efficiency |
| • Prepare for farm succession | • Conduct market research/analysis |
| • Become/Continue to be eligible for Farm Credit, FSA or other source of financing | • Define needs and sources for individual technical assistance |
| • Set-up bookkeeping/payroll system | |

- Develop new products (indicate current ideas):
- Study feasibility of a potential new/alternative farm venture (describe):
- Other: _____

2) Overall, what do you need from this course to strengthen the economic viability of your enterprise?

3) Additional comments that you feel may help us evaluate/understand your interest in and/or expectations for this course:

Section IV: Enrollment Information

Tuition

While most of the program cost is underwritten by the Massachusetts Department of Agricultural Resources and its regional partners, each participating business pays tuition of \$200 (more than one person may attend for this single fee, space permitting). The fee includes all course materials and limited follow-up technical assistance for each farm enterprise. We will request payment to reserve your space when you are notified of acceptance. Your check will be returned if the course is cancelled for any reason. We reserve the right to select applicants whose ag business needs we think will best be served by this program, and who will best contribute to the participant mix.

Applicant Agreement to Program Requirements

Students will be expected to:

- 1) Prepare and discuss with your Instructor historical and projected financial records that will serve as a confidential base-line for your plan
- 2) Miss no more than one course session – full attendance yields the biggest dividends
- 3) Complete “homework” assignments between sessions, seeking additional help as needed
- 4) Complete and submit a copy of your business plan for confidential review by your Instructor

Confidentiality Statement

All financial records and business plans will be kept confidential and will not be discussed in class (unless you choose to use specific examples). The purpose of sharing historical financial information with your Instructor is to help you clarify the current status of your farm finances, and to determine how the program can best assist in the development of your business plan. It is important that you know your real capacity to implement your plans, and it is important that you separate out personal assets that should not be placed at risk in your business (unless you make an informed choice to do so). The program instructor will review your business plan during and after completion to help you identify where you need to conduct additional research and obtain technical assistance. Business plans may be reviewed by the MDAR Business Program Director for documentation/course evaluation purposes. Plans will not be filed, duplicated or distributed. If you have any concerns or questions about any of the program requirements, please contact the Program Director.

Your signature below indicates your understanding of these terms.

Signature _____

Date _____

Program Acceptance

We will contact you by phone if we have questions about your application, and to notify you about your acceptance into the program. Please DO NOT send payment until that time.

Please mail or Fax your completed application to:

Rick Chandler, MDAR/ABTP, 25 West Experiment Station, UMass, Amherst, MA 01003

Phone: 413-577-0459 Fax 413-577-3820 email: rchandler@umext.umass.edu